

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 691915929 FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
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42						
43			1			
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45						
46						
47						
48						
49						
50						
TOTAL IND.	11					
TOTAL DEP.	23					
TOTAL CLAIMS	34					

C. I.M.S.	
IND.	DEP.
51	
52	
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54	
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60	
61	
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96	
97	
98	
99	
100	
TOTAL IND.	
TOTAL DEP.	
TOTAL CLAIMS	